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To the Editor of the Boston Medical and Surgical Journal.

SIR,—I was about to transmit to you a case of death from the prick of a pin, when reflecting that your Journal did not greatly abound with original articles on pathology, I sat down to write an essay or two upon the pathology of fever—and quite unexpectedly have extended the number to eight! You will publish them at such periods as you please, or not at all if you think them unworthy. The case is in the eighth essay.
Lebanon, Conn., March 29th, 1841.

Your ob't servt.,

JOSEPH COMSTOCK, M.D.

Hon. Mem. of the Philadelphia Medical Society.

ON THE PATHOLOGY OF FEVER.—ESSAY I.

Facts are golden ore—principles, gold refined.

WE have been hitherto confounded in our theories of the causes of deadly epidemic fevers when they have occurred in the cold of winter, when no marsh miasmata, nor decomposing vegetables, nor putrid animal effluvia, could possibly exist. We must therefore abandon all these sources, and search in other directions for the cause—they all, as also contagion, ergot, or any kind of bad food, or want of a sufficiency of good food, being in this country untenable. Persons ascending Mount Blanc, have felt such a thirst that the water they carried with them could not quench it. But, on the contrary, it seemed, as it is said, that the air itself was so thirsty that it drank the very moisture from their bodies; and even blood has flowed from the mouths and nostrils of travellers in such elevated regions. Headache, lassitude, drowsiness, or tendency to stupor, pain in the lower limbs, severe vomiting, difficulty of respiration, violent palpitation, and loss of appetite, have all, as we learn, been experienced.

Those who have seen the winter epidemic, called spotted fever, or its congeners, will at once recognize most of its symptoms in this enumeration. As to hemorrhage, it sometimes occurred from the bowels. We had one case in which it was universal; and spots, or petechiæ, might be considered a species of it—a kind of blind-bleeding under the skin. Vomiting of grumous blood is mentioned as having occurred in Mexico, in a fatal case. Difficulty of breathing, as Professor Montanna observes, was there one of its prominent symptoms, as it was also in some parts of Virginia. Stupor, amounting in some instances to febrile apoplexy, was not very uncommon. Pains of the lower limbs, and even a partial palsy of them, were often present, and headache and vomiting seldom absent.

We thus make out a catalogue of symptoms, in the winter epidemic, which was called spotted fever, and in some districts cold plague, pneumonia typhoides, and by other appellatives, very similar to those which travellers have experienced who have exposed themselves to the air of extremely high mountains. We have, then, only to assume the postulate, that the air three miles above us takes the place of that on the surface of the earth, in order to account for the hitherto mysterious occurrence of mortal fevers prevailing in the extreme cold of winter. Mount Blanc is 15,700 feet in height, embracing, on its top, a region of incessant cold, where snow never melts. Nor is an elevation of this height, even under the equator, any exception to the perpetual reign of a Greenland atmosphere. The inhabitant, then, of the tropics and torrid zone, is always within the short distance of three miles to the piercing cold of the polar regions. Of the sudden descent of cold air, Mr. Bruce mentions persons having been destroyed with cold within twelve degrees of the equator, which we think a notable instance.

It was the opinion of Dr. Beddoes, that the pulse becomes frequent in proportion to the oxygenation of the blood; and although there may be many conflicting facts to this theory, there is reason to believe that it receives support from the pulse of those who from a warm climate ascend into the cold regions of a mountain atmosphere, or experience its chills and rarity below. The disposition to hemorrhage, owing to an unequal distribution of the blood, may also excite those high nervous symptoms tending ultimately to apoplexy, which we have already noticed.

Of the sudden alternation of our climate, a remarkable instance happened in January, 1841. At Hudson, N. Y., the thermometer on Tuesday the 5th, was 20 degrees below zero; and on Wednesday the 6th, it was 40 degrees above it—being a variation of 60 degrees in less than 24 hours.* But perhaps the most striking instance is yet to be mentioned. It appears by the tables kept at the different military posts in the U. S., as published by the late Joseph Lovell, M.D., Surgeon-General of the United States Army, that the mean temperature between two stations in the same latitude differed no less than 20 degrees for the month of January, 1820—the observations having been taken at the same time. The places alluded to were Fort Trumbull, Conn., and the Council Bluffs on the Missouri; the latter being 20 degrees colder than the former, and 17 degrees colder than Sackett's Harbor, 2 degrees north of it.

Such atmospheric anomalies, which seem to set the latitude at naught, may serve as some explanation of the prevalence and non-prevalence of diseases in the same parallels, so far as they are influenced by causes purely aerial, and which occur in the season of winter. In summer, however, local and terrene causes are most to be apprehended; when we must consider the vicinity to marshes—to the confined air and offal of cities—to exhalations from docks, ships, shores, shambles, and to tracts of land laid bare by the recession of waters, and exposed to the scorching sun of summer.

* In 1817, Feb. 15th, the thermometer, at Buffalo, at 3 o'clock, A.M., was 25 1-2 degrees below zero. Next day it rose so much above it as made the variation no less than 65 degrees in 24 hours. Dr. Wilson, of New Hampshire, observed a variation of 61 degrees in a natural day; and Dr. Ramsay, of S. Carolina, 46 degrees in different hours of the same day.

There are other deadly local causes which are known only by their effects on the fluids, and which may be supposed to be entirely unconnected with the atmosphere, or any kind of miasm or effluvia whatever. Thus the blood is found not to coagulate in scurvy—in persons killed by lightning—from a blow on the stomach—from over-exertion—from violent mental passion—and from yellow fever. A gentleman in the East Indies had the liver disease, which burst externally, and the bile, or a part of it, continued to discharge through the orifice after he got about. This bile was of the usual yellow color, except when he was in a passion, when it became green. As he was of an irritable temperament, his friends had frequent opportunities of witnessing this curious phenomenon—which is paralleled, however, by what Dr. Dewees relates of women in travail, who have had the appalling accident of ruptured uterus—in whom, in some instances, vomiting of black matter was one of the speedy symptoms. Professor Dewees also gives the case of a patient in puerperal convulsions, whose hair turned white the same evening. Her delivery proved favorable, and in about four days it changed back to nearly its natural hue.

Such sudden changes in the animal economy have a direct bearing upon the pathology of fevers; and serve, in our view, to throw some light upon points long involved in cimmerian darkness. In yellow fever, black-vomiting has sometimes been the very first symptom. Now we must suppose that this black material has been suddenly formed. For it is impossible to believe that it could have been in the stomach more than a very short time, without creating nausea, headache, loss of appetite, and great disturbance of the general system—none of which seem to have happened. And this discharge thus early has been more favorable than when it occurred later in the disease, when it is generally fatal—which seems to indicate that emetics might be used as preventives, with advantage. In the instances of death from lightning, &c., wherein the blood does not coagulate, the whole mass seems to become *menstruous*, if we may be allowed so to use the term, and serves to shed a ray of light upon a point which has been contested from the time of Hippocrates, and which still remains unsettled, *whether the menstrual evacuation be blood or not*—one of the principal arguments in the negative being the fact that it does not coagulate. But that being a matter not directly connected with our present subject, we shall not stop to discuss it now.

The sudden attack with febrile symptoms of healthy persons ascending high mountains, merits some further notice, as serving to illustrate our main object. Thus, during the reign of spotted fever, persons who came from districts where it did not prevail, into places where it did, were sometimes suddenly attacked, even when their stay was so short as the obsequies of a deceased friend. Yet such examples were rare. And it now remains to answer the inquiry how it should happen that so many—so vast a majority—escape epidemics, when the causes are so general? And it may be, first of all, remarked that this inquiry can with equal propriety be extended to sporadic as to epidemic diseases; for nothing is more common than to find a malady of great and mortal violence attack one member of a family—one child, for example, of the same parents—who has breathed

from birth the same air, been nourished by the same food, and lived in the same house—whilst the remainder, perhaps to the number of six or eight, remain in perfect health.

There is such a thing as a constitutional appetency to receive certain morbid impressions, which is connatural. It is thus that certain diseases are occasionally, and often at long distances, renewed, which have been deemed entirely extinct. They do not appear because the peculiarity to receive, sustain and endure them has been long wanting. And again they do appear, because the long lost susceptibility is renewed. In such an instance as we have above noticed, and numerous others, this predisposition may be transmitted from ancestors so remote that they, and their maladies and memories, have perished from the earth.

Parental, filial, or fraternal diseases, or their predispositions, like those of less ancestral antiquity, are apt to affect more than *one*, often *many*, and sometimes *all*, the members of a family. Such hereditary peculiarities may, each and all of them, extend to a greater liability to be affected by atmospheric impressions, general or local, as well as to miasm, miasma and miasmata—to fomes and fomites—to disorders arising from the mind—to systematic affections from slight accidents, and to local marks of serious mischief, such as cancer, from systematic affections. To which may be added, on the one hand, such a propensity to be affected with contagious diseases as that they can scarce escape at any distance; and on the other, such an obtuseness that they cannot be received by reiterated propinquity. Instances even occur, in which some pertinaciously resist inoculation; one of which is now in my own vicinity, in the person of a young lady, to whom I have as yet found it impossible to communicate the vaccine disease. Very slight exposure to the presumed causes of yellow fever, spotted fever, scarlatina, and typhous fever, produce the one or other in some, whilst vast multitudes of persons, altogether more in the way of them, entirely escape. Such instances of immunity are so common, so numerous, and so widely extended, as by no means to render it necessary to adduce particular cases. But instances of extreme susceptibility being more rare, more interesting, and more evincive of the positions which we think that nature assumes in her mysterious and recondite operations, are worthy of attention.

Professor Montanna, of Mexico, in his account of spotted fever in that city, relates the case of a young man who had the disease four times, and that no one of his attacks was short, but, on the contrary, every one long and protracted. When the last attack left him free of fever, he sailed for the West Indies, but upon his return he was immediately seized a fifth time, and broke out in an immense number of dark purple spots.*

We will give another instance, which is, if possible, still more wonderful, of morbid susceptibility in the same family, and which affected a number of individuals about the same period. The disease was dry mortification. A family by the name of Downing, in Suffolk, Eng., consisting of a father, mother, and five children, besides an infant at the breast, were affected with a disease in the feet and legs, of which one of the five chil-

* Spots on the skin in this fever were critical in Mexico, and portended recovery. We have not found that they were so considered in any part of the United States.

dren died, and the father, mother, and other four children, lost eleven of their feet, leaving only one foot out of twelve. Some of them lost the leg with the foot, and the infant afterwards died with "blackened legs." Sir George Baker, M.D., who was physician to George III., suspected, as it appears, bad or spurred rye as the cause. But upon inquiry he found that this doomed family ate no rye at all, but that they lived upon wheat. It was, however, damaged by having lain out in the rain after it was cut down in the field, until it was shrunk and discolored, although it was not mildewed nor sprouted, but blackened. The Downing family was poor, and bought this article because it was cheaper than wheat which was not discolored. Yet no one apprehended its being unwholesome, for many other poor families lived upon bread made of it, and even the farmer who raised it used it in his own family. Yet no one lost either life or limb, except the Downing family.

Spotted fever has been supposed to be a new disease; but as the Indians of Mexico had a name for it, we consider this as a mistake; for diseases, as well as plants and animals, for which the aborigines had names, must have been known to them before their acquaintance with their European conquerors—and this, more than any other circumstance, serves to distinguish native productions from those which are exotic. The Indian name of spotted fever was *matlalt zahaut*.

Notwithstanding these hereditary, constitutional, filial, fraternal, or acquired predispositions, it is not to be doubted that the causes of fever may be so concentrated as to affect persons, and a great many of them, who have no peculiar predisposition or idiosyncrasy. Yet, as we have seen in the example of the Downings a susceptibility which no one else possessed, so we find a great many immunities which no epidemic ever yet overcame.

It is a fact respecting malignant and mortal fevers, that they never spread over a vast extent of territory at once. Yellow fever has from time to time visited many of our cities with considerable loss of life, but never any extent of country. Spotted fever, on the contrary, was most prevalent and mortal in country places.

It is a matter of the utmost importance to distinguish the active inflammation of the former, from the engorgement of the latter—two states liable to be confounded by the inexperienced, in the patient, and also in *post-mortem* inspections. In engorgement, the patient has red cheeks without heat, which bystanders always suppose to be great, from their often high color, and will not be convinced to the contrary, unless they are told to apply their hand to the part, which is actually cool. We have often noticed this in typhous fever, in which we refer the pain in the back and limbs to the engorgement of small bloodvessels, of and about the spinal cord—but not to inflammation of that part, as Dr. Armstrong supposed. When there is heat in diseases of the typhoid kind, it is prickly, and gives a very different sensation to the finger ends from the heat of phlogosis. There is another distinction. If there be considerable heat in typhus, it is often very unequally distributed, one part being hot, whilst other parts are cooler than in health. In inflammatory fevers, especially of a high grade, the heat is universal. It is sufficiently singular that Dr. Armstrong, although he insists that there is visceral inflammation in ty-

phus, yet does not admit it to be a cause of the febrile affection. He refers it either to the effect of the excitement of fever, or to cold, or to some other common cause of fever operating with the contagion—it being to the latter that he imputes the production and cause of typhus fevers. His assumption that the spinal marrow becomes inflamed, is surely of itself sufficient to account for the most sombre symptoms. We believe, however, that it has no existence in typhus fever, and that it is a state of the part which very rarely exists at all; and that if it did, consequences much more serious would ensue than pain in the back and limbs. Indeed we do not now recollect a single instance in which inflammation of that part has ever been ascertained, except one. This was a fatal case of hydrophobia, in the city of Philadelphia, in which a *post-mortem* examination was made, and that part found inflamed, and which was deemed sufficient to account for the horrid spasms which the deceased had suffered.

GUN-SHOT WOUND—A CASE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—If you think the following of sufficient consequence, you are at liberty to make it public.

On the afternoon of Nov. 1st, 1840, I was called to Mr. A. J., in consequence of his having received a severe gun-shot wound. On my arrival, I found the sufferer, a wheelwright of 27 years, tall, very active and athletic, bleeding quite freely from an extensive wound of the chest. The charge of his fowling-piece, consisting of No. 4 and B. B. shot, accidentally exploding, had entered the left breast, opposite the 4th rib, near the lower edge of the pectoralis major, passed upward and backward, shattered the clavicle, and passed out at a large opening over the upper edge of the scapula, having injured this bone in its progress. The patient had been wounded at the distance of six miles from home, had walked two miles and ridden four more, and, by the best information, had lost much blood. Exhausted, cold, with a low, weak pulse, and oppressed with anxiety as to the future prospects of his family, he was rapidly sinking. Stimulants, as brandy and other alcoholic liquors, having been freely administered, he rallied, and soon gave evidence of a moderate re-action.

The hæmorrhage still continuing, and pulsation existing in the left brachial artery, I proceeded to remove, from the superior wound, the medley of shot, clothing, bone, coagula, &c., with which it was filled, and finding an increased flow of blood, dressed the wounds very closely with lint and adhesive straps, on the principle of the tampon in uterine hæmorrhage, instead of enlarging the wound and seeking for any bleeding vessel. Dr. L. L. Miller, of Providence, for whom, permit me here to express my respect and esteem, now arrived; and we shortly removed the first dressing and sought to cleanse the wound yet farther—there being no serious hæmorrhage. In the course of the dressing, an additional amount of clothing and shot were obtained; the outer half of the clavicle, together with its scapular articulation, with small portions of the scapula, were removed, an incision having been extended over the shoulder. No trace of

the acromion was discoverable. The pulsations of the subclavian were distinctly visible after the completion of the cleansing. A light dressing was applied, and the patient put to bed, congratulating himself on his firmness under "knife-work."

There had been, from the first moment of the injury, an expectoration of blood, which continued at intervals during the dressing. This, however, soon ceased, and went off altogether after the second day; neither was there any soreness of the lungs, nor any difficulty in respiration.

Nov. 2d.—Slept tolerably well without any opiate; had some pain in wounds; is now comfortable; pulse full, but little quickened. R. Magnes. sulph. Low diet; perfect rest; light dressing.

Evening. Salts have operated freely; pulse not so full, soft; but little pain; wound doing well; ordered bread and milk poultice.

The inflammatory symptoms, contrary to our expectations, were mild, and yielded readily to simple remedies; the magnes. sulphas was employed *pro re nata*, and fully superseded the lancet, venesection not having been once resorted to in the entire period of treatment. In the course of a few days, a perfectly healthy suppuration took place, with sphacelation of the burnt and contused parts, accompanied by the discharge of spiculæ of bone and an occasional shot. Low diet was persevered in, whilst a disposition to excessive inflammation was suspected; the wounds dressed with mild poultices of bread and milk, slippery elm, and other mucilaginous substances, and subsequently with simple ointment and stimulants, according to indication.

In the third week after the injury, a bone was detected occupying the posterior surface of the sinus, midway between the wounds. The sinus was consequently laid open, and an attempt made to dislodge, what seemed a source of much irritation. Finding it very firm, I delayed the attempt at removal, and subsequently, with the bone forceps, obtained a portion of the bone, of the size of two joints of the forefinger—the lowest part of the remaining mass being sensitive. This, Dr. Miller coincided with me in calling the shattered acromion, drawn forward by the pectoralis minor. Other nameless pieces of bone continued to come away, sometimes ornamented with a flattened shot.

In the fourth week, unpleasant cerebral symptoms manifested themselves; occasional wanderings; a full, hard pulse; constipation, and heat of the surface. These, however, yielded to the free use of saline purgatives, conjoined with low diet.

In the course of the treatment, opiates became necessary; and after the employment of the pulv. ip. et op. comp., the pil. op., opium combined with camphor, and the morph. acet., resort was had to the endermic method. In consequence of the pain in the wounds on cleansing, resulting, it is presumable, from the exposure of several nerves, I usually applied to the sore surfaces, when dressing them, about a grain of the morph. acet., and was gratified in observing the immediate ease resulting therefrom. Some constipation of the bowels appeared to be caused in this way, but no other unpleasant effect was produced.

On the 41st day, Mr. J. left his room for the first time, and at the expiration of a week walked out. During the 11th week he recommenced

labor. He has ever since been actively engaged in the labors of his trade, enjoys good health, can use the drawing knife and doubled-handed saw, and, at one period, had gained 36 pounds of flesh. The wounds have been entirely healed, with the exception of a point sufficient to allow the passage of a shot. The cicatrix occasionally is irritated by the chafing of the dress, and becomes slightly sore. The left shoulder is thrown forward, has lost its rotundity, and is smaller than the right—the bony structures being very perceptible. The deltoid is very thin and attenuated—the humerus cannot be raised from the body, but is capable of the other motions. The arm is very strong and useful.

The points of most interest seemed to be, the excision of so large a portion of the clavicle, the escape of the subclavian from injury, the present condition of the shoulder, and the mildness of the cerebral symptoms. In a case of injury from a gun, coming under my care a year previous, there was a laceration of the right side of the neck and face, a division of the temporal and facial arteries, a fracture of both jaws and of the zygoma. Symptoms were favorable until the third week, when an inflammation within the cranium occurred, and, despite the most careful treatment, destroyed the patient at the end of the fifth week. Difference of age and variety of location of the wound, may have had a powerful influence (this latter patient being 17 years old), in producing such different results. What this was, may be a curious question, as while in the one case we see the most active treatment ineffectual, in the other we have the most simple means crowned with entire success.

Pawtucket, R. I., May 31st, 1841.

Yours truly,

BENJ. H. WEST, M.D.

REPORT OF CASES OF TYPHUS FEVER AT THE ERIE COUNTY ALMS-HOUSE.

BY AUSTIN FLINT, M.D., ATTENDING PHYSICIAN.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I. *Convalescence on the 14th day.*—Joseph Mahood, Frenchman, aged about 35. Previously in good health. Taken suddenly with headache, pain in extremities and general malaise. Thought he had taken cold from exposure, undressed, at night, in attendance upon some epileptic patients. Calomel and jalap, aa gr. x. , was prescribed. The next day did not present himself at the daily visit, but subsequently applied to the resident pupil for an emetic, who gave him *p. ipecac.* and calomel. He was not relieved, but kept about until the 29th January, six days after the attack, when I commenced visiting him in his ward. Found him on this day with pulse moderately accelerated, tongue furred, trembling of the muscles of the face in speaking, as if from mental agitation. Complained of cephalalgia, pains in loins and extremities. Directed *p. Dov., gr. iv. mané et vespéré.*

7th day.—Symptoms same. Eyes somewhat injected; pain especially over eyes, and in the calves of legs; anorexia; slight cough; pulse

moderately accelerated, and frequently intermitting. R. P. Dov. gr. iv.; ros. camph., gr. ii. Ter in die.

8th day.—Symptoms same. Thirst is moderate; skin natural. Resident pupil reports that in afternoon there is exacerbation of fever; on careful examination of abdomen pain is produced by *sudden* pressure over every part, although *moderate* and *deliberate* pressure is borne without complaint. Five or six liquid dejections. *The whole abdomen, upper extremities and face, are covered with rose-colored eruption.* There appears to be none on lower extremities.* Quantity of urine diminished. No tenderness over spine. Cont. med. Apply. Emp. vesicat. 6 by 6 to abdomen. Allow cold water ad libitum.

9th day, A. M.—Reports feeling better. Pulse less accelerated; no intermission during examination, compressible, and the pulsations *diffuse*, i. e., the volume of artery not appreciable. Greater exacerbation than usual last evening; five or six liquid dejections. Was sleeping on my entrance, during which frequent depressions of the angles of the mouth were observed. Rose spots still numerous, but paler.

11th day, A. M.—Great prostration; indisposition to reply to questions. Says "it is useless." Pulse more frequent, compressible. Pun- gent heat of skin. Contractions of muscles of the mouth during sleep. Rose spots less apparent. Tongue moist, loaded at body and root, furred at tip. Moderate diarrhoea continues. Desires only cold water. Delirious last evening. Medicine has been continued, and is still directed.

12th day, A. M.—Has remained in a dozing state since yesterday P. M. Mind wandering during the night. Passed three or four evacuations in bed, apparently not without consciousness, but through indifference. Cheeks are now flushed; pulse moderately accelerated, and rather hard; skin natural; tongue moist and thinly coated. When asked where he has pain, says he does not know. Rose spots apparent, but pale. Continue treatment.

13th day, A. M.—General aspect decidedly better; expression less dull; mind more clear; tongue dry; pulse moderately accelerated, and moderately hard; some pain on pressure of abdomen; four or five dejections, which have been passed in stool; urine abundant and natural; no delirium last night; rose spots scarcely perceptible.

14th day, A. M.—Continues better. Last night, for the first time, perspired freely; pulse and skin natural; slept well. This morning desires bread and butter, and ate some with relish; tongue moist.

With this assemblage of symptoms the patient was considered *convalescent*. From this date he slowly recovered his appetite and strength. Moderate diarrhoea continued for several days, for which the p. Dov. and camphor was continued at night. He has continued well up to this date, a period of nearly two months.

CASE II. *Death on the 10th day of disease. Autopsy.*—Burnor, French woman, aged about 45, was observed to be ill on the 4th February, two days before the convalescence of case No. 1. This woman was previously in good health. Had been an inmate of the house a year, and had never required a medical prescription. At the time of her at-

* The lower extremities were not minutely enough examined for the eruption.

tack she was nursing a daughter with pneumonia, and occupying the same bed with her. She appeared to be deficient in intellect. Being unable to speak English, her symptoms were not definitely made out. Appeared to be dull and heavy, with the indications of general malaise. Tongue coated. She kept about until the 8th February. Calomel and jalap, ss gr. x. was prescribed on the 7th. On the 8th the resident pupil observed *rose spots*, numerous and vivid, over the chest. He perceived them without any intention of seeking for them.

10th.—Great prostration; skin cool; pulse scarcely perceptible, moderately accelerated, *diffuse*; tongue coated and dry, with papillæ distinct. On inquiry, through an interpreter, says she feels ill all over; complains of no particular pain; sudden pressure of abdomen produces shrinking and expressions of pain; abdomen large and soft, no meteorism. Discharges from the bowels for the first three days cannot be exactly ascertained. They have not been more than three or four in number, and these small. Emp. vesicat. 8 by 3 to abdomen. P. rhei, grs. xv.

12th, 9th day of disease, A. M.—Almost entire insensibility. Has not spoken, nor indicated a wish, for the last twenty-four hours. Can be roused sufficiently to endeavor to protrude her tongue, which is imperfectly performed. Tongue encrusted with a dry, hard coat; pulse imperceptible; respiration easy, and not unnatural. Resident pupil reports that exacerbation at evening was distinct; skin hot and pungent; pulse small, very frequent and intermitting; no dejections since morning of the 10th; rose spots not apparent. Pressure on abdomen immediately rouses the patient, and occasions expressions of pain. Vesication was imperfect. Directed, Enema sol. mur. sodæ; emp. vesicat. 10 by 10, re-applied to abdomen; spiritus ammoniæ aromat.

13th, 10th day.—Vesicating plaster produced very slight impression. Died, tranquilly, at 7, P. M.

Autopsy fifteen hours after death.—Emaciation slight; limbs rigid; abdomen not meteorized.

Chest.—No adhesions; structure of lungs healthy; external surface mottled with dark lines.

Abdomen.—External aspect of viscera healthy; cæcum considerably distended with gas; small and large intestines without gas, and otherwise quite empty. On opening intestinal canal from stomach to colon, contents slight, colored apparently with bile, in some portions yellowish, in others of a dark-brown color, and of the consistence of gruel. Internal surface of stomach healthy; mucous membrane natural and firm. The only unnatural appearance was apparently hypertrophy and induration of the cellular and muscular coats of the lower fundus. It was observed on dividing the coats with the scissors that they cut like cartilage. The greater portion of the inner surface of the cæcum presented small vessels injected. It contained moderate quantity of matter of consistence of gruel, with fecal odor. At the point where the ileum terminates, and for two or three inches above, Peyer's glands were numerous and distinct, presenting patches from the size of a sixpence to that of a shilling, with dark points. They were perhaps slightly elevated, and the mucous membrane somewhat less firm. Ascending the ileum, similar patches presently occurred, of good form. Portions along the whole track of the smal

intestines, from two to six inches in length, occurred, in which the minute vessels were injected. Some were evidently the venous radicles, for the blood in the nearest venous trunks could be pressed back into them, displacing that which is of an arterial color. In other instances, the florid color seemed to pervade the membrane. In these portions the calibre of intestine was somewhat diminished. These evidences of congestion and inflammation had manifestly no connection with the glands of Peyer. Sometimes an elliptical patch was found in these portions, but they did not participate more than other portions, and frequently they were not present. The duodenum and upper portion of jejunum were deeply tinged with bile, and the membrane, after the coloring matter was rubbed off, exhibited injected capillaries and red points. Mesenteric glands not enlarged; appendix vermiformis about four inches long, and filled with a dark substance resembling moistened earth. Internal surface dotted throughout with dark points.

Liver enlarged, structure healthy. *Gall-bladder*, filled with yellowish bile. *Spleen* enlarged. *Pancreas* natural. *Bladder* moderately distended with urine. *Uterus* and *kidneys* not minutely inspected.

Head (owing to fatigue and exhaustion from previous exertions) not examined.

[To be concluded next week.]

CYANOSIS OF INFANTS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Probably most physicians, who have practised midwifery much, have been many times called to prescribe for cyanosis of infants; and if their success in the treatment of the cases they may have been called to, has been no more satisfactory than my own was formerly, they will be glad of any hint that may lead to a more happy result.

For the last three or four years, when the infant, soon after birth, instead of a good generous crying, makes a little groaning noise, with the features of the face contracted, and the color of a bluish cast, which I believe always accompanies this peculiar groaning; or when I am called, perhaps a few days after its birth, to an infant whose respiration is by fits almost suspended, and the surface cold, moist, shrunken and blue, with an occasional groan, I immediately direct a plaster, composed of molasses candy sufficiently softened with brandy to spread, well sprinkled over with grated nutmeg, to be applied warm over the whole thorax and abdomen to the umbilicus, to be renewed every twelve hours; with the internal use of mist. assafet. by the mouth, and by enema; and it has been attended with almost instantaneous and permanent relief in almost every instance.

Boston, May 22, 1841.

E. BUCK.

OPERATION FOR CURVATURE OF THE SPINE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In your notice, in this day's Journal, of my operation on the muscles of the back, which you witnessed on the 25th of May last,

you give me the credit of being the first to divide these muscles in this country, for the cure of curvature of the spine. Dr. Inches, of this city, performed very much the same operation, on a lad, a few days before, and I think it probable it may have been also done in some of our southern cities, although I have seen no notice of it. Yours truly,

June 2d, 1841.

J. B. BROWN.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 9, 1841.

PRACTICAL TREATISE ON THE DISEASES OF CHILDREN.*

THE author of this work introduced himself to the very favorable notice of his medical brethren, both at home and abroad, by his translation of Billard's admirable book on the Diseases of Infants. Excellent, however, as Billard's work undoubtedly is, as a contribution to the pathology of infantile diseases, and in this respect it is incomparably superior to any other work in French or English—yet upon the great subject of therapeutics it is well nigh valueless. The *science* is studied with care and illustrated with talent, but the *art* is neglected. The *principles* are laid down wisely and well, but their application to *practice* is passed over as something beneath the dignity of *science*. A void, therefore, still remained. A work was wanting, in which, advantage being taken of the researches of Baron, Billard, Valleix and Berton, the knowledge they have collected and the principles they have established should be applied to practice, and made available in the every-day business of professional life. This desideratum has been felt for a long time by American practitioners. The works of Dewees and Eberle on children, though not without value as guides in practice, were too decidedly behind the age in everything relating to the science of medicine. A good work on the diseases of children, scientific, yet practical, fully up with the times in pathology, yet having for its main feature attention to therapeutics, was yet to be written.

To the composition of such a work, Dr. Stewart has devoted himself, and the product of his industry and zeal is now before us. The arrangement adopted is based on the different systems affected by diseased action. Thus we have first the diseases of the respiratory, then of the circulatory, then the digestive system, &c. This classification, akin to that of Good, though not free from objections, has some great advantages, and chief among these we place one of which Dr. S. has availed himself; viz., it enables the writer, in a physiological introduction (proem, as excellent old Good calls it), to give a succinct view of the system in health, after which the student is prepared to go, understandingly, into the consideration of its diseases. Dr. S. also gives a short account (too short, we think) of the peculiarities of each system in the child. This is of very great value, and might with advantage be extended. There is also a general introduction, in which the subject of infantile general pathology and therapeutics is discussed. The principles which should guide us are laid down. The

* A Practical Treatise on the Diseases of Children, by James Stewart, M.D. New York: Wiley & Putnam, 1841.

leading idea here is that most of the diseases of children depend for their peculiarities on the extreme activity of the process of growth—this process giving rise to an action in the capillaries near akin to inflammation. This is certainly true, and accounts for the extreme violence of diseased action at that time. From a consideration of this peculiarity of infantile disease, Dr. S. deduces the general rule for the treatment of the acute affections of children—viz., let the disease be met at the onset with prompt and vigorous means.

Having stated thus his general principles, the Dr. proceeds to the consideration of individual diseases. Here, of course, our limits will not allow us to follow him; we can therefore only commend the work to the notice of our readers and to their favor. It evinces industry, research and thought, and is creditable to the author, and we doubt not that it will both extend and elevate his reputation.

Exposition of Medical Treatment, &c.—Such is part of the title of a pamphlet sent to us through the post office, last week, signed by an individual who considers himself most seriously injured by the medications of a man whom he calls S. M. Watson. The writer is Mr. D. P. Byrne, No. 22 Williams street, Boston. There is an intimation that the subject of Mr. Byrne's animadversion, is really and truly *Simon*, instead of S. M. Watson. If one half only said by the poor debilitated deponent, is to be received as veritable, the man who thus imposed upon him should be exhibited to the public as one that ought to be universally avoided. This same individual is represented to have publicly declared, a while since, at a meeting in the Marlboro' Chapel, "I have drawn, in the course of my treatment in Boston, *one hundred barrels of blood, and given forty-nine pounds of calomel*"! A friend at the table says the time is three or four years. This is one of the reasons, probably, why he is held in utter detestation and horror by thinking, reflecting, life-loving people. Ten years more of such practice would do something towards depopulating the city.

Deferred Communications.—Several valuable articles, prepared for this Journal with commendable care, have been deferred, principally on account of their length, beyond the time allotted in our general arrangement. They will not be forgotten, however, although we have been compelled to forego their insertion for a time. Notwithstanding the frequency with which the Journal appears, matter is constantly accumulating, even from remote parts of the Union, faster than it can be inserted. It is a rule of the office to which we are compelled to adhere—first come, first served, in all cases where the great length of an article does not prevent; yet no one shall knowingly be neglected.

American Medical Library.—A new series of this work is proposed by Mr. Waldie, to appear monthly—subscription price \$5.00, to be always paid in advance. If it should receive encouragement, the first No. is to appear in July. He is positively sick of trusting—and who that ever had an interest in a periodical of any kind, is not?

Berkshire School of Medicine.—By looking at the advertisement in this day's Journal, it will be noticed that the institution has made important

additions to the board of faculty. Dr. McClintock is becoming a favorite, even in Massachusetts—where, if he succeeds, he may be sure of sailing anywhere with a fair anatomical fame.

Board of Naval Surgeons.—W. P. C. Barton, M.D., of Philadelphia, President; Baily Washington, M.D., Washington; Samuel Jackson, M.D., New York; Benj. F. Bache, M.D., Ohio; G. R. B. Horner, M.D., Philadelphia, constitute a board for examining persons desirous of being admitted Assistant Surgeons in the Navy. They convened at Philadelphia on Wednesday, June 2d. Dr. Harris declined serving, on account of indisposition.

Obstruction in the Throat.—Mr. Pilcher related the following instructive case at a late meeting of the Medical Society of London. The patient, a widow, aged 43, without children, a little before Christmas first experienced an uncomfortable feeling about the throat; for this she applied to a medical man, who examined the part affected, but could detect no tumor. Shortly afterwards she became affected with considerable difficulty in deglutition and respiration, and a tumor was then observed to be forming on the right side of the lower part of the larynx, and apparently exerting pressure on the larynx, trachea and œsophagus. This tumor was followed soon after by a similar growth on the opposite side of the larynx. These growths gradually increased in size; the difficulty of respiration and deglutition also became gradually augmented, and suffocation was threatened. Various remedies were tried, but without effect: Dr. Johnson saw her, and suggested that tracheotomy *might* preserve her life a very short time, and he suggested the employment of injections of beef-tea with laudanum three times a-day; this kept her alive for some time. He, Mr. Pilcher, saw her about a week before her death. He found the tumors to be situated beneath the sterno-mastoid muscles, and apparently pressing on each side of the larynx, trachea, pharynx and œsophagus. She then breathed with great difficulty, but spoke in a voice louder than a whisper; but the exertion of speaking, or any other excitement, threatened immediate suffocation. Tracheotomy was suggested, but not urged; she would not accede to its performance. The tumor was cut down upon, and she expressed herself slightly relieved afterwards; the tumor was examined through the incision which had been made, and was found to consist of a firm, hard, fibrous gland. Although this patient had taken no food by the mouth for a very long period, she had, daily, a good fecal evacuation. She sunk. After death, the enlarged glands were found to have exerted no pressure either on the trachea or the other parts in the neighborhood, neither did they press upon any nerves or vessels. The difficulty of breathing, then, had not depended on the tumors. On laying open the pharynx, however, the cause of death was made manifest; the sub-mucous, muscular, and sub-muscular tissue of this canal were found to be very much thickened by a deposit of a scrofulous kind of matter. This had so narrowed the passage, as to allow scarcely any space for the transmission of even a few drops of fluid; and in one part had so thickened the anterior part of the canal, that pressure was exerted upon the air-tube, the calibre of which was found to be very much diminished. The posterior and some portion of the anterior parts of the larynx exhibited the same deposit, as did the arytenoid cartilages, and the chordæ vocales. The lungs were healthy, and fecal matter was found in the in-

testines. The external tumors had been, evidently, merely sympathetic.
—*London Lancet.*

Hartford Retreat for the Insane.—From the 17th Annual Report, for a copy of which we are indebted to Dr. Brigham, the Superintendent, we learn that at the beginning of the year commencing April 1, 1840, the number of patients at the Retreat was 79; 39 males and 40 females. Admitted during the year, 67; 36 males and 31 females. Total number during the year, 146; males 75, females 71. Discharged, 63; males 35, females 28. Remaining at the Retreat, 83; males 41, females 42. Discharged, recovered, 38; males 21, females 17. Much improved, 4; males 2, females 2. Improved, 6; males 4, females 2. Unimproved, 6; males 4, females 2. Dead, 9; males 4, females 5.

The Directors say—"The Institution has funds sufficient to pay the salaries of its principal officers; has buildings and land sufficient for the accommodation and employment of the present number of patients, and is furnished with all that is necessary for their restoration. They pay nothing for medical services; nothing for the labor and care of the Steward; nothing for the use of the house: but each pays, somewhat according to the accommodations selected, for attendants, board, repairs, and the various minor expenditures of the establishment. It is, however, a subject of regret, that many are not able to avail themselves of its benefits. If the patient is poor, and his friends possess but little property, it is cruel to deprive them of their small possessions for the maintenance of their unfortunate friend. A more enlightened liberality would call upon the treasurer of each town to meet that expense."

The Superintendent says—"Those cases that we have felt confident were of recent origin, have almost uniformly recovered at this Institution; while, as I have said, cases of several years' duration have rarely recovered; but within the last year we have been gratified with several instances of recovery among the old cases, some of which had been deemed incurable. Three have recovered who had been deranged between three and four years. They remained in a state apparently hopeless, without much change, until suddenly they began to improve, and rapidly recovered health of body and mind. They have returned to their homes, where, as we have since learned, they continue in good health and able to attend to their usual duties."

Number of deaths in Boston for the week ending June 5, 32.—Males, 17; Females, 15. Stillborn, 2. Of consumption, 3.—Inflammation of the bowels, 1—old age, 4—hooping cough, 1—disease of the heart, 1—measles, 4—smallpox, 3—complication of diseases, 1—dropsy in the head, 1—lethargy, 1—infantile, 4—drowned, 1—debility, 1—spasms, 1—intestinal tumor, 1—sudden, 1—typhus fever, 1—marasmus, 1—unknown, 1.

BERKSHIRE MEDICAL INSTITUTION.

This annual course of Lectures will commence the first Thursday, 5th of August, 1841, and continue thirteen weeks. Fee for the whole course of lectures, \$50; fee for those who have attended two courses at any respectable medical school, \$10; graduation fee, \$18; library fee according to the number of books taken. Board, from \$1.50 to \$2.50.

Theory and Practice of Medicine and Obstetrics, by	H. H. CHILDS, D.D.
Principles and Practice of Surgery, by	FRANK H. HAMILTON, M.D.
Anatomy and Physiology, by	JAMES MCCLINTOCK, M.D.
General and Special Pathology, by	ALONZO CLARK, M.D.
Materia Medica and Pharmacy, by	M. A. LEE, M.D.
Chemistry, Botany, and Natural Philosophy, by	CHESTER DEWEY, M.D.
Demonstrator of Anatomy,	C. C. CHAFFEE, M.D.
Pittsfield, Mass., May, 1841.	PARKER HALL, Secretary.

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TO PHYSICIANS.

An excellent stand for a physician, commanding a practice of \$1200 or \$1500 per annum, situated in one of the pleasantest villages in New England, about 15 miles from Boston, is offered for sale, the present incumbent being about to retire from the profession. Inquire at this office.

Jo 9—3*

REGISTER OF THE WEATHER.

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1841. May.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Sun r.	2 P. M.	at Sun	Sun	2 P. M.	at Sun			
1 Satur.	39	47	47	28.60	28.80	28.90	N W	Fair	Flying clouds. Dandelion in blossom.
2 Sun.	40	51	53	29.04	29.01	28.90	S W	Rain	Snow fell at 7 P. M. and through night.
3 Mon.	34	40	39	28.81	29.08	29.17	N W	Fair	Red Maple in blossom.
4 Tues.	38	50	47	29.13	29.13	29.16	N W	Fair	Chickweed in blossom.
5 Wed.	40	58	49	29.35	29.30	29.36	N W	Fair	Hazy in the afternoon.
6 Thurs.	42	52	44	29.32	29.21	29.24	N W	Cloudy	Cowslip in blossom.
7 Frid.	40	57	52	29.32	29.46	29.47	N W	Fair	Windflower in blossom.
8 Satur.	44	54	54	29.44	29.43	29.45	N W	Fair	Bloodroot and Feverbush in blossom.
9 Sun.	43	63	56	29.53	29.56	29.53	N W	Fair	Snow banks to be seen on the hills.
10 Mon.	43	49	51	29.43	29.16	28.98	S E	Rain	Storm continued 24 hours. 1.25 inch rain.
11 Tues.	43	56	52	28.78	28.75	28.80	S W	Fair	Continues showery.
12 Wed.	40	53	50	28.88	28.93	28.98	W	Fair	
13 Thurs.	40	58	53	29.08	29.18	29.20	N W	Fair	
14 Frid.	39	50	50	29.23	29.24	29.26	N W	Fair	Showery. .29 inch rain.
15 Satur.	38	57	53	29.35	29.43	29.47	S E	Fair	First Cherry and Currant blossom.
16 Sun.	38	58	54	29.50	29.51	29.44	N W	Fair	Missouri Currant in blossom.
17 Mon.	44	58	48	29.31	28.99	29.11	W	Fair	High wind—showery. .03 inch rain.
18 Tues.	40	51	48	29.12	29.10	29.18	N W	Fair	
19 Wed.	39	52	50	29.24	29.34	29.40	N W	Fair	Peach trees in blossom.
20 Thurs.	44	63	62	29.41	29.40	29.39	N W	Fair	Housatonic in blossom.
21 Frid.	57	72	71	29.41	29.46	29.45	S W	Fair	Wild Columbine and Wild Cherry in blo.
22 Satur.	60	76	65	29.52	29.61	29.60	S	Fair	
23 Sun.	58	74	66	29.55	29.50	29.50	S W	Fair	Showery. Apple tree and Cohush in blo.
24 Mon.	58	83	72	29.52	29.53	29.50	S W	Fair	Thunder storm.
25 Tues.	60	80	68	29.49	29.49	29.48	S	Fair	Flowering Almond in blossom.
26 Wed.	61	71	66	29.40	29.40	29.40	S W	Fair	White and Striped Maple and Tulip in blo.
27 Thurs.	58	70	65	29.48	29.55	29.56	S W	Fair	Lilac and Tartarian Honeysuckle in blo.
28 Frid.	61	75	72	29.56	29.52	29.50	S W	Fair	Narc., Ranunc., Gera. mac., Moun. Ash do.
29 Satur.	61	73	66	29.45	29.47	28.51	N W	Fair	Storm, thunder and lightning.
30 Sun.	52	68	56	29.52	29.60	29.60	E	Fair	Persian Lilac and Euphorbia in blossom.
31 Mon.	42	66	54	29.52	29.50	29.45	S E	Fair	

The first part of the month of May was cold and unpleasant, the season unusually backward; but the latter part of the month has been delightful, and vegetation has come forward with great rapidity. Range of thermometer, from 33 to 83; barometer, from 28.60 to 29.61. Rain has fallen on 12 days, in the whole, 3.46 inches.

COLUMBIAN COLLEGE, DISTRICT OF COLUMBIA.

THE Lectures in the Medical Department of this Institution will commence on the first Monday in November, annually, and continue until the 1st of March.

During this period, full courses will be delivered on the various branches of medicine by

THOMAS SEWALL, M.D., Professor of Pathology, and the Practice of Medicine.

HARVEY LINDLEY, M.D., Professor of Obstetrics, and the Diseases of Women and Children.

THOMAS MILLER, M.D., Professor of Anatomy and Physiology.

JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.

J. FREDERICK MAY, M.D., Professor of Surgery; late Professor of Surgery in the University of Maryland.

FREDERICK HALL, M.D., Professor of Chemistry and Pharmacy.

SAMUEL C. SNOOT, M.D., Demonstrator of Anatomy.

As there are many young men of talent and worth in different parts of our country who, from restricted circumstances, are unable to avail themselves of the benefit of public lectures, the Professors have resolved to admit, gratuitously, two such students from each of the States, and one from each of the Territories. In order, however, to guard against individuals whose education and character do not qualify them to become useful members of the profession, the selection is placed in the hands of the Senators and Delegates of Congress, each of whom has the right to select one student from his respective State or Territory, and whose certificate of selection will be a passport to all the lectures, by paying only, on entering the school, the usual matriculating fee of five dollars.

The entire expense, for a Course of Lectures by all the Professors, is \$70. Dissecting Ticket, \$10; optional with the student.

Good board can be procured at from three to four dollars per week.

Washington, May 1, 1841.

My 12—1am1N

THOMAS MILLER, M.D.
Dean of the Faculty.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

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